## STATEMENT OF

FORM 1			Of	Office use only	
NAME OF COMMITTEE (in	full) (Check if name is changed)	Example: If typying, type over the lines	12FE4M5		
ERICKSON LI	/ING FEDERAL PAC				
ADDRESS (number and	street) 5525 RESEARCH	PARK DRIVE			
(Check if address					
X is changed)	CATONSVILLE		MD L	21228   -	
		CITY▲	STATE▲	ZIP CODE 📥	
COMMITTEE'S E-MA	IL ADDRESS (Please provide only on	e e-mail address)			
(Check if address is changed)	ssawicki@erickso	on.com			
x is changed)			<u> </u>		
COMMITTEE'S WEB	PAGE ADDRESS (URL)				
				1	
(Check if addres is changed)	· .				
2. DATE 0 4					
3. FEC IDENTIFICA	TION NUMBER	C C00436238			
4. IS THIS STATEM	NEW (N)	AMENDED (A)			
I certify that I have exam	ned this Statement and to the best of my	knowledge and belief it is true, corre	ct and complete		
Type or Print Name of	Treasurer SCOTT SAWI	СКІ			
Signature of Treasurer	Electronically Filed by SCOTT	SAWICKI	Date 0.5	23 / Y Y Y Y Y Y	
NOTE: Submission of fa	lse, erroneous, or incomplete information ANY CHANGE IN INFOR	may subject the person signing this	•	of 2 U.S.C. §437g.	
Office Use Only		For further informat Federal Election Com Toll Free 800-424-95 Local 202-694-1100	mission	FEC FORM 1 (Revised 02/2009)	